

# CLAIMS ONLY

SERIAL NO.

APPLICANT(S)

FILING DATE

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/	
2		/		/		/
3		/		/		/
4		/		/		/
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TOTAL IND.	3		2		1	
TOTAL DEP.	17		15		13	
TOTAL CLAIMS	20		17		14	

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

BEST AVAILABLE COPY